

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM TPO-875)

SERIAL NO.

10/736,686

FILING DATE

APPLICANT(S)

8/9/9

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5		2				
6						
7						
8		2				
9						
10	1					
11		1				
12						
13						
14						
15						
16						
17						
18						
19	1					
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50						
TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	6	←		←		←
TOTAL CLAIMS	9					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						